

# PRICE RIVER WATER IMPROVEMENT DISTRICT INDUSTRIAL WASTEWATER SURVEY

DATE: \_\_\_\_\_

RENEWAL DATE: \_\_\_\_\_

## SECTION A - GENERAL INFORMATION

1. Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_
2. Address of production or manufacturing facility. Check box if same as above .  
\_\_\_\_\_
3. Name, title, and telephone number of person authorized to represent this company in business with the sewer authority: \_\_\_\_\_  
\_\_\_\_\_
4. Alternate contact person: \_\_\_\_\_
5. Identify the type of business that you are planing on conducting (auto repair, machine shop, elector-plating, warehousing, painting, printing, meat packing, etc.): \_\_\_\_\_  
\_\_\_\_\_

\*NOTE: If more than one company occupies the same building, a survey for each company is necessary.

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

**EACH TIME A BUSINESS CHANGES OWNERS OR CHANGES USE, A NEW INDUSTRIAL WASTEWATER SURVEY WILL BE REQUIRED.**

6. Provide a brief description of the manufacturing, production or service your firm conducts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Standard Industrial Classification Numbers (SIC Code) for your facilities: LIST ALL  
\_\_\_\_\_

8. This facility generates the following types of wastes (check all that apply):

- |  | Average Gallons<br>per day |                                    |                                   |
|--|----------------------------|------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Domestic wastes<br>(restrooms, employee showers, etc.) | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. <input type="checkbox"/> Cooling water, non contact                             | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. <input type="checkbox"/> Boiler /tower blowdown                                 | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. <input type="checkbox"/> Cooling water, contact                                 | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 5. <input type="checkbox"/> Process  | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 6. <input type="checkbox"/> Equipment/ facility<br>washdown                        | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 7. <input type="checkbox"/> Air Pollution Control Unit                             | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. <input type="checkbox"/> Storm water runoff to<br>sewer                         | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 9. <input type="checkbox"/> Other (describe)                                       | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| Total 8.1 through 8.9  | _____                      |                                    |                                   |

9. Wastes are discharged to (check all that apply):

- |   | Average Gallons<br>Per Day |                                    |                                   |
|---|----------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sanitary sewer   | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Storm sewer      | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Surface water    | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Ground water     | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Waste haulers    | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Evaporation      | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> Other (describe) | _____                      | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

Provide name and address of waste hauler (s), if used.

\_\_\_\_\_  
\_\_\_\_\_

10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?  
 yes  no If any chemicals are stored at facility, a Spill Prevention Control and Counter Measure Plan is required. *Include a copy of the plan with a list of chemicals stored on site*

**Note: If your facility did not check one or more of the items listed in 8.4 through 8.9 above, then you do not need to complete any further sections in this survey/application. If any items 8.4 through 8.9 were checked, complete the remainder of this survey/application.**

## SECTION B - FACILITY OPERATION CHARACTERISTICS

1. Number of employee shifts worked per 24-hour day is \_\_\_\_\_.  
Average number of employees per shift is \_\_\_\_\_.
2. Starting times of each shift: 1st \_\_\_\_\_ am \_\_\_\_\_ pm 2nd \_\_\_\_\_ am \_\_\_\_\_ pm 3rd \_\_\_\_\_ am \_\_\_\_\_ pm

*Note: The following information in this section must be completed for each product line.*

3. Principal product produced: \_\_\_\_\_
4. Raw materials and process additives used:  
\_\_\_\_\_  
\_\_\_\_\_
5. Production process is:  
 Batch       Continuous       Both \_\_\_\_\_% batch \_\_\_\_\_% continuous  
Average number of batches per 24-hour day \_\_\_\_\_
6. Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  continuous
7. Is production subject to seasonal variation?  yes     no  
If yes, briefly describe seasonal production cycle.  
\_\_\_\_\_  
\_\_\_\_\_
8. Are any process changes or expansions planned during the next three years?  
 yes     no  
If yes, attach a separate sheet to this form describing the nature of planned changes or expansion

## SECTION C - WASTEWATER INFORMATION

1. If your facility processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

### A. 34 Industrial Categories

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Adhesives                      | 18. <input type="checkbox"/> Ore Mining                    |
| 2. <input type="checkbox"/> Aluminum Forming               | 19. <input type="checkbox"/> Organic Chemicals             |
| 3. <input type="checkbox"/> Auto & Other Laundries         | 20. <input type="checkbox"/> Paint & Ink                   |
| 4. <input type="checkbox"/> Battery Manufacturing          | 21. <input type="checkbox"/> Pesticides                    |
| 5. <input type="checkbox"/> Coal Mining                    | 22. <input type="checkbox"/> Petroleum Refining            |
| 6. <input type="checkbox"/> Coil Coating                   | 23. <input type="checkbox"/> Pharmaceuticals               |
| 7. <input type="checkbox"/> Copper Forming                 | 24. <input type="checkbox"/> Photographic Supplies         |
| 8. <input type="checkbox"/> Electric & Electric Components | 25. <input type="checkbox"/> Plastic & Synthetic Materials |
| 9. <input type="checkbox"/> Electroplating                 | 26. <input type="checkbox"/> Plastics Processing           |
| 10. <input type="checkbox"/> Explosives Manufacturing      | 27. <input type="checkbox"/> Porcelain Enamel              |
| 11. <input type="checkbox"/> Foundries                     | 28. <input type="checkbox"/> Printing & Publishing         |
| 12. <input type="checkbox"/> Gum & Wood Chemicals          | 29. <input type="checkbox"/> Pump & Paper                  |
| 13. <input type="checkbox"/> Inorganic Chemicals           | 30. <input type="checkbox"/> Rubber                        |
| 14. <input type="checkbox"/> Iron & Steel                  | 31. <input type="checkbox"/> Soaps & Detergents            |
| 15. <input type="checkbox"/> Leather Tanning & Finishing   | 32. <input type="checkbox"/> Steam Electric                |
| 16. <input type="checkbox"/> Mechanical Products           | 33. <input type="checkbox"/> Textile Mills                 |
| 17. <input type="checkbox"/> Nonferrous Metals             | 34. <input type="checkbox"/> Timber                        |

B. Other Business Activity

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor
- Beverage Bottler

2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate)

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorinating
- Cyclone
- Filtration
- Flow Equalization
- Grease or oil separation, type \_\_\_\_\_
- Grease trap
- Grit removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type \_\_\_\_\_
- Rainwater diversion or storage \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provided

3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken. (attach sketches, plans, etc., as necessary).

4. Priority Pollutant Information: Please indicate below, any chemical compounds suspected or known present and chemical compounds known to be absent that are generated by your facility (write each compound in the correct category listed below. If you need additional space please use the back of page).

I. Metals & Inorganic

_____	_____
_____	_____
_____	_____
_____	_____

II. Phenols and Cresols

_____	_____
_____	_____
_____	_____

III. Monocyclic Aromatics (excluding phenols, cresols and phthalates)

_____	_____
_____	_____
_____	_____

IV. PCB's & Related Compounds

_____	_____
_____	_____
_____	_____

V. Ethers

_____	_____
_____	_____
_____	_____

VI. Nitrosamines and Other Nitrogen-Containing Compounds

_____	_____
_____	_____
_____	_____

VII. Halogenated Aliphatics

_____	_____
_____	_____
_____	_____

VIII. Phthalate Esters

_____	_____
_____	_____
_____	_____

IX. Polycyclic Aromatic - Hydrocarbons

_____	_____
_____	_____
_____	_____

X. Pesticides

_____	_____
_____	_____
_____	_____

5. If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach copies of the materials safety data sheets for such products.

**SECTION D - OTHER WASTES**

1. Are any liquid wastes or sludge from this firm disposed of by means other than discharge to the sewer system?

- yes     no

If "yes" complete items 2 and 3.  
If "no" skip remainder of Section D.

2. These wastes may best be described as:

- Acids and Alkalis
- Heavy Metal Sludge
- Inks/Dyes
- Oil and/or Grease
- Organic Compounds
- Paints
- Pesticides
- Plating Wastes
- Pretreatment Sludge
- Solvents/Thinners
- Other Hazardous Wastes (specify)

Estimated Gallons or Pounds/Year

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

\_\_\_\_\_

Other wastes (specify)

3. For the above checked wastes, does your company practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

**SECTION E - DRAWINGS AND DIAGRAMS**

1. Drawing of building which shows the wastewater lines, drains, etc. (Required on all new facilities and up grades)

2. Diagram of waste flow:

- A. Show all floor drains
- B. Pretreatment equipment
- C. Wastewater (sewer) discharge lines